

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	C		9-26-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	09/02/01
Original	09/15/01
01	09/06
02	09/03
03	09/04
1	V V V
2	V V
3	V V
4	V V
5	V V
6	V V V
7	V V
8	V V
9	V V V
10	V V V
11	V V
12	V V
13	V V
14	V V
15	V V V
16	0 ==
17	0 ==
18	V V V
19	V V
20	V V
21	V V
22	V V
23	V V
24	V V V
25	0 ==
26	0 ==
27	V V V
28	V V
29	V V
30	V V
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32	V V
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36	V V V
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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